

Arizona Commission on the Arts Teaching Artist Roster Signature Page

Type or Print all information in the spaces provided

For Staff Use:	Roster ID:	Track ID:	Track ID:
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A. Contact Information: *I am re-committing to the Teaching Artist Roster in the category(s) and discipline(s) indicated below. Check how you identified yourself on the Roster.*

☐ Company Name: _____
☐ Individual Artist or Contact Person: _____

B. Category(s) and Discipline(s) for which you are returning: *Select all that apply.*

Education Based Only	Community Based Only
<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre <input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Visual Arts	<input type="checkbox"/> Dance <input type="checkbox"/> Folk Arts: Performing <input type="checkbox"/> Folk Arts: Visual <input type="checkbox"/> Literary Arts <input type="checkbox"/> Multi-disciplinary Arts <input type="checkbox"/> Music <input type="checkbox"/> Storytelling <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts

C. Annual Update Checklist: *Required items needed to remain on the Teaching Artist Roster.*

Education Based Only	Community Based Only
<input type="checkbox"/> Completed and provided proof of Professional Development Action <input type="checkbox"/> Completed and mailed Self-Assessment Form <input type="checkbox"/> Completed update to information at http://roster.azarts.gov <input type="checkbox"/> Completed and mailed Signature Page <input type="checkbox"/> Review and understand I must complete my Biannual Residency requirement by September 2010 (No immediate action taken this year)	<input type="checkbox"/> Completed and mailed Career Statement <input type="checkbox"/> Completed and mailed Self-Assessment Form <input type="checkbox"/> Completed update to information at http://roster.azarts.gov <input type="checkbox"/> Completed and mailed Signature Page <input type="checkbox"/> Review and understand I must complete my Biannual Residency requirement by September 2010 (No immediate action taken this year)

D. The following information is required for federal reporting purposes. *Information will be used only to determine trends in the field.*

Legislative District: *Based on your street address, enter one legislative district number for each of the government branches listed. To locate your legislative districts, [click here](#). You will need your +4 Zip Code to use this database, hosted by Arizona Citizens/Action for the Arts at www.azcitizensforthearts.org.*

Arizona Legislative District _____ US Congressional District _____

Race/Ethnicity Codes:

<p>Individuals should select any combination of the following that best represents their race/ethnicity:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native </div> <div> <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No single group </div> </div>	<p>Companies should select any combination of the following that best represents their company's race/ethnicity:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 50% or more Asian <input type="checkbox"/> 50% or more Black/African American <input type="checkbox"/> 50% or more Hispanic/Latino <input type="checkbox"/> 50% or more American Indian/Alaska Native </div> <div> <input type="checkbox"/> 50% or more Native Hawaiian/Pacific Islander <input type="checkbox"/> 50% or more White <input type="checkbox"/> No single group </div> </div>
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Disability:

Individuals and companies should answer the following question: Are you or is any member of your company a person with a disability?

☐ Yes ☐ No ☐ Prefer not to answer

E. Deadline for Submission: *Must be postmarked or delivered to the ACA Offices no later than 5:00pm Thursday, September 3, 2009.*

☐ I certify that at the time I submit this annual update, I am at least 18 years of age and a resident of Arizona. I certify that all statements made in these forms are true to the best of my knowledge and in accordance with the eligibility criteria for this program. I understand that as a juried artist on the Teaching Artist Roster I am provided professional development and technical assistance, and if problems arise regarding my actions in Arts Commission programs, an assistance and review process is in place. By submitting this annual update, I verify that I have reviewed the Arts Commission's policies and am agreeing to abide by the Arts Commission's policies.

Artist's Signature _____

Date _____

Persons with a disability may request a reasonable accommodation, such as sign language interpreter by contacting the Arts Commission at 602-771-6501. Requests should be made as early as possible to allow time to arrange the accommodation.